

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

33644

1. PLACE OF DEATH

County McDonald
Township Eril
City Eril (No. _____)

Registration District No. 142
Primary Registration District No. 5693

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Ernest Arthur Brainard

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF <u>Alma Brainard</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 21-1897</u>		
7. AGE YEARS <u>36</u>	MONTHS <u>5</u>	DAYS <u>3</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Disabled Veteran</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		
11. Total time (years) spent in this occupation		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>White Cloud Kansas</u>		
13. NAME <u>William Brainard</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill</u>		
15. MAIDEN NAME <u>Dora Watson</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>		
17. INFORMANT <u>Alma Brainard</u> (ADDRESS) <u>Eril Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Howard Cemetery</u> DATE <u>Oct 25</u> 19 <u>33</u>		
19. UNDERTAKER <u>Chas. W. Williams</u> (ADDRESS) <u>Eril Mo</u>		
20. FILED <u>10/26</u> 19 <u>33</u> <u>Chas. W. Williams</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 24 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 20 1933, to Oct 24 1933
I last saw him alive on Oct 24 1933. Death is said to have occurred on the date stated above, at 9:00 a.m.
The principal cause of death and related causes of importance were as follows:
Pneumonia
Tuberculosis
Date of onset _____

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) W. H. Rogers, M. D.
(Address) Eril Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 10 1933

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County McDonald
Township Green
City Green (No. _____)

Registration District No. 142
Primary Registration District No. 5693

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

m

4. COLOR OR RACE

w

**5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)**

m

**5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1
day, _____ hrs.
or _____ min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.

10. Date deceased last worked at
this occupation (month and
year) _____

11. Total time (years)
spent in this
occupation _____

**12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)**

13. NAME

**14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)**

15. MAIDEN NAME

**16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)**

**17. INFORMANT
(ADDRESS)**

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____

DATE _____

19

**19. UNDERTAKER
(ADDRESS)**

20. FILED

19 _____

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 24 1939

22. I HEREBY CERTIFY, That I attended deceased from
_____, to _____, 19____.

I last saw h. _____ alive on _____, 19____. Death is said
to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Date of onset _____

Other contributory causes of importance _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____.

Where did injury occur? _____
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) _____, M. D.

(Address) _____

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
REGISTRARS SHALL NOT BE PROPERLY CLASSIFIED. EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT.

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